

PART B—ISSUE FEE TRANSMITTAL

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le fees, to: **Box ISSUE FEE**
Assistant Commissioner for Patents
Washington, D.C. 20231

JUN 08 1999

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

JOHN LAND
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LM61/0304

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Nancy Grant

(Depositor's name)

Nancy Grant
6/4/99

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/862,192	05/23/97	021	DOWNS, R	2762 03/04/99
First Named Applicant SKOLNICK, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: PREDICTION OF RELATIVE BINDING MOTIFS OF BIOLOGICALLY ACTIVE PEPTIDES AND PEPTIDE MIMETICS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
07300/034001	706-021.000	P91	UTILITY	NO	\$1210.00	06/04/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FISH & RICHARDSON P.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE The Scripps Research Institute

(B) RESIDENCE: (CITY & STATE OR COUNTRY) La Jolla, California

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

XX Issue Fee

XX Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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